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From:	Art Unit 3663	Date:	January 10, 2007		
From:	Patrick J.S. Inouye				
Re:	U.S. Patent Application Serial No. 10/774,301	Pages:	6 (including cover sheet)		
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Under the Paper Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **Application Number** 10/774,301 TRANSMITTAL Filing Date February 6, 2004 RECEIVED FORM First Named Inventor Irish, Jeremy A. CENTRAL FAX CENTER Art Unit 3663 (to be used for all correspondence after initial filling) Examiner Name Ronnie M. Mancho Attorney Docket Number 015,0405.US.CON Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance communication to (TC) Drawing(s) |x| Fee Transmittal Form Appeal Communication to Board of Х Licensing-related Papers Fee Attached Appeals and Interferences Appeal Communication to TC Petition Amendment / Reply (Appeal Notice, Brief, Reply Brief) Petition to Convert to a After Final Proprietary Information Provisional Application Power of Attorney, Revocation Change of Correspondence Address Status Letter Affidavits/declaration(9) Other Enclosure(s) (please identify X X Extension of Time Request **Terminal Disclaimer** below): Request for Continued Examination **Express Abandonment Request** Request for Refund Information Disclosure Statement Facsimile Cover Sheet CD, Number of CD(s) \_\_ Landscape Table on CD Certified Copy of Priority Document(s) Remarks Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Cascadia intellectual Property Signature Printed name Patrick J.S. Inbuye Date January 10, 2007 Reg. No. 40297 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facelmile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450. Alexandria, VA 22313-1450 on the date shown below. Signature

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DAMA Larissa V. Pigott

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FEE TRANSMITTAL FOR FY 2006 Applicant Claims small entity status. See 37 CFR 1.27 And Unit Claims small entity status. See 37 CFR 1.27 And Unit Claims small entity status. See 37 CFR 1.27 And Unit Claims small entity status. See 37 CFR 1.27 And Unit Claims small entity status. See 37 CFR 1.27 And Unit Claims small entity status. See 37 CFR 1.27 And Unit Claims small entity status. See 37 CFR 1.27 And Unit Claims small entity status. See 37 CFR 1.27 And Unit Claims small entity status. See 37 CFR 1.27 And Unit Claims Small entity status. See 37 CFR 1.27 And Unit Claims Small entity status. See 37 CFR 1.27 And Unit Claims Small entity status. See 37 CFR 1.27 And Unit Claims Small entity status. See 37 CFR 1.27 And Unit Claims Small entity status. See 37 CFR 1.27 And Unit Claims Small entity Under 37 CFR 1.16 and 1.17  ASSIGN Entities Small Entity Small Small Entity Small Entity Small Entity Small Entity Small Entity	Under the Paper	work Reduction Act of 1895, no pe	isona are required in	espond to a consection of time	Complete if Known	
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Check X Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number 503031 Deposit Account Name Cascada Intellectual Property  For the above-dentified deposit account, the Director is hereby surhorized to: (check all that apply)  English for the above-dentified deposit account, the Director is hereby surhorized to: (check all that apply)  Charge feetgl indicated below  X Charge any actitional feetgl or underpayments of feetgl)  X Credit any overpayments  Intervited on PTD-238.  CALCULATION  ASIC FILING FEES  Small Entity  Provisional 200 100 100 50 130 65  Halt 200 100 300 150 500 250 200 100  Posign 200 100 0 300 150 160 80  Credit any overpayments  Intervited on PTD-238.  Fees (S) Fees (S) Fees Peid (S)  Fees Peid (S)  Fees Peid (S)  Fees Peid (S)  Fees Peid (S)  Fees Peid (S)  Fees Peid (S)  Fees Peid (S)  Fees Peid (S)  Fees Peid (S)  Fees Peid (S)  Fees Peid (S)  Fee Peid (S	<del></del>		·	Attorney Docket No.	015.0405.US.CON	
Check X Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number 503031 Deposit Account Name Cascada Intellectual Property  For the above-dentified deposit account, the Director is hereby surhorized to: (check all that apply)  English for the above-dentified deposit account, the Director is hereby surhorized to: (check all that apply)  Charge feetgl indicated below  X Charge any actitional feetgl or underpayments of feetgl)  X Credit any overpayments  Intervited on PTD-238.  CALCULATION  ASIC FILING FEES  Small Entity  Provisional 200 100 100 50 130 65  Halt 200 100 300 150 500 250 200 100  Posign 200 100 0 300 150 160 80  Credit any overpayments  Intervited on PTD-238.  Fees (S) Fees (S) Fees Peid (S)  Fees Peid (S)  Fees Peid (S)  Fees Peid (S)  Fees Peid (S)  Fees Peid (S)  Fees Peid (S)  Fees Peid (S)  Fees Peid (S)  Fees Peid (S)  Fees Peid (S)  Fees Peid (S)  Fee Peid (S						
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tiple dependent claims   Claims   Extra Ctaims   Fee (\$)   Fee Paid (\$)   Multiple Dependent Claims     Claims   Extra Ctaims   Fee (\$)   Fee Paid (\$)   Fee Paid (\$)     Claims   Extra Ctaims   Fee (\$)   Fee Paid (\$)     Claims   Fee Paid (\$)   Fee Paid (\$)     Catal Sheets   Extra Sheets   Number of each additional 50 or fraction thereof   Fee (\$)   Fee Paid (\$)     Cotal Sheets   Extra Sheets   Number of each additional 50 or fraction thereof   Fee (\$)   Fee Paid (\$)     Cotal Sheets   Extra Sheets   Number of each additional 50 or fraction thereof   Fee (\$)   Fee Paid (\$)     Cotal Sheets   Extra Sheets   Number of each additional 50 or fraction thereof   Fee (\$)   Fee Paid (\$)     Cotal Sheets   Extra Sheets   Number of each additional 50 or fraction thereof   Fee (\$)   Fee Paid (\$)     Cotal Sheets   Extra Sheets   Number of each additional 50 or fraction thereof   Fee (\$)   Fee Paid (\$)     Cotal Sheets   Extra Sheets   Number of each additional 50 or fraction thereof   Fee (\$)   Fee Paid (\$)     Cotal Sheets   Extra Sheets   Number of each additional 50 or fraction thereof   Fee (\$)   Fee Paid (\$)     Cotal Sheets   Extra Sheets   Number of each additional 50 or fraction thereof   Fee (\$)   Fee Paid (\$)     Cotal Sheets   Extra Sheets   Number of each additional 50 or fraction thereof   Fee (\$)   Fee Paid (\$)     Cotal Sheets   Number of each additional 50 or fraction thereof   Fee (\$)   Fee Paid (\$)			d)	•		
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